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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of

Inventors: Masanori Minamio, et al. Art Unit: 2827

Appln. No.: 10/747,982 Exr: L. Cruz

Filed: December 31, 2003

For: RESIN MOLDED TYPE SEMICONDUCTOR DEVICE AND A METHOD
OF MANUFACTURING THE SAMESUPPLEMENTAL PRELIMINARY AMENDMENTAssistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Please further amend the above-identified application as
follows:

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)

Applicant(s): Masanori MINAMIO, et al.

Docket No.

JEL 30763A

Serial No.
10/747,982Filing Date
December 31, 2003Examiner
L. CruzGroup Art Unit
2827Invention: RESIN MOLDED TYPE SEMICONDUCTOR DEVICE AND A METHOD OF MANUFACTURING
THE SAME**RECEIVED**
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OFFICIALI hereby certify that this Petition to Make Special, Supplemental Amendment & Amendment Transmittal
(Identify type of correspondence)

is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 703-872-9603)

on May 19, 2004
(Date)

James E. Ledbetter

(Typed or Printed Name of Person Signing Certificate)

(Signature)

Note: Each paper must have its own certificate of mailing.

AMENDMENT TRANSMITTAL LETTER (Large Entity)Applicant(s): **Masanri MINAMIO, et al.**Docket No.
JEL 30763ASerial No.
10/747,982Filing Date
December 31, 2003Examiner
L. CruzGroup Art Unit
2827Invention: **RESIN MOLDED TYPE SEMICONDUCTOR DEVICE AND A METHOD OF MANUFACTURING THE SAME****TO THE COMMISSIONER FOR PATENTS:**

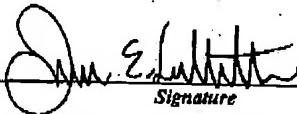
Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	19	20	0	x \$18.00	\$0.00
INDEP. CLAIMS	4	3	1	x \$86.00	\$86.00
Multiple Dependent Claims (check if applicable)	<input type="checkbox"/>				
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$86.00

- No additional fee is required for amendment.
- Please charge Deposit Account No. _____ in the amount of _____.
- A check in the amount of _____ to cover the filing fee is enclosed.
- The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. **19-4375**
- Any additional filing fees required under 37 C.F.R. 1.16.
 - Any patent application processing fees under 37 CFR 1.17.



Signature

Dated: **May 19, 2004**

James E. Ledbetter, Reg. No. 28,732
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I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

*Signature of Person Mailing Correspondence**Typed or Printed Name of Person Mailing Correspondence*

cc: